PTO/SB/17 (07-06)
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Under Rapper Reduction Act of	1995, no person are required to	respond to a collection of inform	nation unless it displays a valid OMB control number		
Effective on 12/08/		Complete if Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Number	10/719,235-Conf. #2195		
FEE TRANS	MITTAL	Filing Date	November 21, 2003 Changmin SU M. S. Zimmer		
		First Named Inventor			
For FY 20	JU5	Examiner Name			
Applicant claims small entity state	us. See 37 CFR 1.27	Art Unit	1712		
TOTAL AMOUNT OF PAYMENT	<b>(\$)</b> 120.00	Attorney Docket No.	0789-0155P		
METHOD OF PAYMENT (check	all that apply)				
Y Check Credit Card	check all that apply)  Money Order None Other (please identify):				

TOTAL AMOUNT OF PA	YMENT	(\$) 120.00	) A	ttomey Docket	No.	7/89-0155P		
METHOD OF PAYMENT (check all that apply)								
X Check Credit Deposit Account Dep	ш	oney Order	None Deposit Accour	Ш `	please identi Birch, Ste	fy): wart, Kolasch	& Birch.	LLP
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	indicated bel		31100101 13 111	<del>_</del>	,	icated below, ex	cent for t	he filing fee
Charge any	additional fee(s	) or underpa	yment of	<u></u>	any overpa		.cop: io: i	
FEE CALCULATION					=			
1. BASIC FILING, SEARC	H, AND EXAM	INATION FE	ES	-				
		FEES	SEAR	CH FEES Small Entity	EXAMIN	ATION FEES Small Entity		
Application Type	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fee (\$)	Fees	Paid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES							Fee (\$)	Small Entity Fee (\$)
Fee Description Each claim over 20 (included)	ling Reissues)						50	25
Each independent claim ov	,	Reissues)					200	100
Multiple dependent claims	,	,					360	180
Total Claims Extra	Claims Fe	ee (\$)	Fee Pai	d (\$)	Mu	Itiple Depende	nt Claims	
19 -=	x				Fee	· (\$) F	ee Paid (\$	<u>3)</u>
HP = highest number of total cla	aims paid for, if gre	ater than 20.						_
	Claims Fe	e (\$)	Fee Paid	d (\$)				
1 -=	x							
HP = highest number of independent	·	for, if greater tha	an 3.					_
3. APPLICATION SIZE FE If the specification and dr listings under 37 CFR sheets or fraction there	awings exceed 1.52(e)), the a	pplication si	ze fee due is	\$250 (\$125 fo				0
	xtra Sheets		of each addi	tional 50 or frac		Fee (\$)	<u>Fee l</u>	Paid (\$)
4. OTHER FEE(S)			(10	und up to a willo	e number) X	<del></del> -	Fees	Paid (\$)
Other (e.g., late filing s	urcharge): 12	51 Extensio	n for respo	nse within fir	st month	<del>.</del>	12	20.00

SUBMITTED BY Registration No. (Attorney/Agent) 28,380 (703) 205-8000 Telephone James M. Slattery September 18, 2006

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PTO/SB/22 (07-06)

Approved for use through 09/30/2006. OMB 0651-0031

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PETITION FRANCE TENSION OF TIME LINDER 37 CER 4 432(4)

Docket Number (Optional)

FY 2005  (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 48)	· · ·	0789-0155P				
Application Number 10/719,235-Conf. #2195		November 21, 2003				
For SAME ELECTROPOSITIVE PRODUCTION WELL TREATING FLUID AND METHOD OF PREPARING THE						
Art Unit 1712	Examiner	M. S. Zimmer				
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.						
The requested extension and fee are as follows (check time perio						
X One month (37 CFR 1.17(a)(1)) \$120	<u>Small Entity F</u> \$60	<u>\$ 120.00</u>				
Two months (37 CFR 1.17(a)(2)) \$450	\$225	\$				
Three months (37 CFR 1.17(a)(3)) \$1020	\$510	\$				
Four months (37 CFR 1.17(a)(4)) \$1590	\$795	\$				
Five months (37 CFR 1.17(a)(5)) \$2160	\$1080	\$				
X A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director has already been authorized to charge fees in this application to a Deposit Account.  The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number						
applicant/inventor.  assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  attorney or agent of record. Registration Number						
Registration number if acting under 37 CFR	1.34	·				
Jan 1h. Hatten	Sept	September 18, 2006				
Signature		Date				
James M. Slattery Typed or printed name		(703) 205-8000 Telephone Number				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.  Total of 1 forms are submitted.						

REU

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